

12-14-01

12/11/01

1054 U.S. PTO

**TRANSMITTAL OF  
UTILITY  
APPLICATION  
UNDER 37  
C.F.R. §1.53**

Attorney Docket No.

24743-2308

First named inventor

Monforte, Joseph A.

Express mail label #

EL865036111US

Date of mailing

December 11, 2001

1035 U.S. PTO  
10/014731

12/11/01

**Application Elements**

1. ☒ Fee Transmittal Form
2. ☒ Specification containing 74 pages  
(including claims and Abstract).
- a. Title: MULTIPLEXED PROTEIN  
EXPRESSION AND ACTIVITY  
ASSAY RELATED APPLICATIONS
- b. Number of claims: 48
3. ☒ 1 sheet of drawings with 1 Figure
4. ☐ Declaration
5. ☐ Sequence Listing
- ☐ Paper copy (identical to computer copy)
- ☐ Computer readable copy
- ☐ Verified statement

**Accompanying Application Papers**

6. ☐ Assignments
7. ☒ Small Entity Status is claimed
8. ☐ Preliminary Amendment
9. ☒ Return Receipt Postcard

**SIGNATURE OF ATTORNEY/AGENT**

HELLER EHRMAN WHITE & McAULIFFE LLP

Stephanie Seidman  
Registration Number: 33,779

☒ Benefit of priority under 35 U.S.C. §119(e) claimed to U.S. provisional application  
Serial No. 60/254,958, filed December 11, 2000. The provisional application is  
incorporated by reference in its entirety.

**CORRESPONDENCE ADDRESS**

NAME

Stephanie Seidman  
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<b>FEE TRANSMITTAL ACCOMPANYING UTILITY APPLICATION UNDER 37 C.F.R. §1.53</b>	Attorney Docket No.	24743-2308
	First named inventor	Monforte, Joseph A.
	Express mail label #	EL865036111US
	Date of mailing	December 11, 2001

**FEE CALCULATION FOR CLAIMS AS FILED**

a)	Basic Fee		\$ 740.00
b)	Independent Claims <u>3</u> - 3 = <u>3</u> x \$ 84.00		\$ <u>0.00</u>
c)	Total Claims <u>48</u> - 20 = <u>28</u> x \$ 18.00		\$ <u>504.00</u>
d)	Fee for Multiple Dependent Claims - \$270.00		\$ <u>0.00</u>
<b>TOTAL FILING FEE</b>			<b>\$1244.00</b>

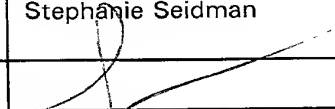
[X] Status as Small Entity is claimed  
reducing Fee by one-half to

\$622.00

[X] A check in the amount of \$622.00 to cover the fee for filing the application.

[ ] Charge \$     .00 to Deposit Account No. 50-1213

[X] The Commissioner is hereby authorized to charge any fees, including the filing fee and excess claims fee, that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1213. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1213 during the entire pendency of this application. This sheet is filed in duplicate.

<b>CORRESPONDENCE ADDRESS</b>			
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Submitted by:			
Typed or printed name	Stephanie Seidman		Reg. Number 33,779
Signature		Date 12/11/01	Deposit Account 50-1213

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